PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

10012357

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			7<		(Ooldini) 2		ן ו	RATE	FEE	OH I I	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			25 minus 20=		• 9			X\$ 9=		OR	X\$18=	162
INDEPENDENT CLAIMS			3 minus 3 =		1			X40=		OB	X80=	
MU	LTIPLE DEPENI	DENT CLAIM PI	RESENT					+135=		OR	+270=	
• If	the difference i	in column 1 is	less than ze	ro, ente	"0" in column 2		ı	TOTAL		OR	TOTAL	χη2
CLAIMS AS AMENDED - PART II										,	OTHER	
		(Column 1)		(Colu	mn 2)	(Column 3)	<u> </u>	SMALL ENTITY		OR	SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.30	Minus	2	9	= /		X\$ 9=		OR	X\$18=	18.10
	Independent	<u>· 3</u>	Minus	<u>:::3</u>		=	┦┨	X40=		OR	X80=	
	FIRST PRESE	NTATION OF MI	ULTIPLE DEP	ENDEN	CLAIM		J	+135=		OR	+270=	
· · · · · · · · · · · · · · · · · · ·											TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 31	Minus	**	30	= /		X\$ 9=		OR	X\$18=	18
	Independent	. 9	Minus	***	<u> </u>	= /	┛┃	X40=		OR	X80=	86
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							405			.070	
<u> </u>								+135=		OR	+270=	
OR ADDIT. FEE												
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	2	NUN PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus			=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=		X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un	 -	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
••	If the "Highest Nu	mber Previously P	aid For IN THI	S SPACE	is less tha	an 20, enter "2		TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
	if the "Highest Nu The "Highest Nun	mber Previously Pa hber Previously Pa	aid For (Total o	r Indepen	dent) is the	e highest num	ber fo	und in the ap	propriate bo	x in c	olumn 1.	

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化罐 原稿如果解释的研究的 人工者 化二氯化合物 特別 化二氯化合物 医乳腺 转形 化电流电流 的复数人名英格兰 医骶骨囊